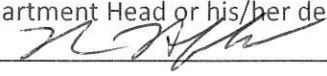


CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: MIS
Department contract file name (use effective date): Spectrum_MIS_20240205
Project Code: [Click here to enter text.](#)
Contract type: undefined
Contracted Services/Goods: Landlord Contact Verification
Contract Component: Other
Change Order Number/Addendum Number: [Click here to enter text.](#)
Vendor Name: Spectrum
Effective Date: 2/5/2024
Approved by: County Manager
Ending Date: none
Total Amount: \$0.00

2. Department Head or his/her designee has read the contract in its entirety.

By:  (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract Reason: _____

This is an automatic renewal and does not require approval from the County Attorney: Yes No



If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes No

5. Vendor has signed the contract. Yes No

6. A budget amendment is necessary before approval. Yes No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk's Office Only

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract

Landlord Contact Verification Form

Dear Tenant/End User:

Thank you for your request for service from Spectrum. We are pleased to offer the latest technology to our Clients for phone, data, video, and internet communications.

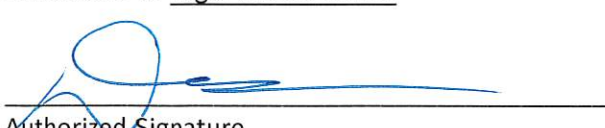
As part of fulfilling your request for service, we need the Landlord/Property Manager to acknowledge we will be entering the Property to provide your requested service; but first, we need to know how to contact the Landlord. We will need this Form returned *even if you own the real estate* at your location. The Form has two (2) Sections, but only one Section is required to be populated.

After we receive the Form, we will contact your Landlord/Property Manager on your behalf and secure the necessary acknowledgement to move forward with your service request. THIS IS NOT AN APPROVAL TO INSTALL SERVICES BUT ONLY A CONTACT FORM TO REACH THE LANDLORD.

SECTION A – Please complete this section if **YOU DO NOT OWN** your Commercial Property

| | | | |
|---|--------------------|--|-----------------|
| Service Location: _____ | | | |
| <i>Street Number(s)</i> | <i>Street Name</i> | <i>City</i> | <i>Zip Code</i> |
| _____ | _____ | _____ | _____ |
| Print Property Owner/Manager <u>Name</u> | | Print Property Owner/Manager <u>Office</u> Phone # | |
| _____ | _____ | _____ | _____ |
| Print Property Owner/Manager <u>Email</u> Address | | Print Property Owner/Manager <u>Cell</u> Phone # | |

SECTION B – Please complete this section if **YOU OWN** your Commercial Property

| | | | |
|---|--------------------|---|-----------------|
| Service Location: _____ | | | |
| <i>Street Number(s)</i> | <i>Street Name</i> | <i>City</i> | <i>Zip Code</i> |
| 112 | Innovation Way | Pittsboro, NC | 27312 |
| Total Number of Businesses in the Building: <u> 1 </u> | | Total Number of Suites in the Building: | |
| _____ (If you are the only Occupant, then the answer is 1.) | | | |
| _____ County of Chatham | | _____ | |
| Print Name of <u>Legal Vested Owner</u> | | Print <u>Assessor's Parcel Number(s)</u> (APNs) | |
| _____ | | _____ | |
|  | | <u>(919) 542-8200</u> | |
| Authorized Signature | | Print Legal Vested Owner <u>Office</u> Phone # | |
| _____ | | _____ | |
| Dan LaMontagne, County Manager | | <u>N/A</u> | |
| Print Name and Title of Person Signing Above | | Print Legal Vested Owner <u>Cell</u> Phone # | |
| _____ | | _____ | |
| <u>2/7/2024</u> | | <u>dan.lamontagne@chathamcountync.gov</u> | |
| Date | | Print Legal Vested Owner <u>Email</u> Address | |

***Instructions to Sales & PMO Teams – Please return this Form directly to the assigned ROE Coordinator for processing.**